

# Enrolment Variation Form

Please note: This request may not be approved where fees are overdue. This application must be supported by additional documents as evidence that can be verified.



## STUDENT INFORMATION

Student Number:	Title (Mr., Mrs., Ms.):
First Name:	Last Name:
Gender: Male Female	Date of birth (dd/mm/yy): ____ / ____ / ____
Telephone number:	Mobile Number:
Email Address:	
Residential address in Australia:	
Student Status:	Enrolled but not commenced Current Suspended

## CURRENT COURSE DETAILS

Course Code and Title:	
Course start date:	Course end date:

## ENROLMENT VARIATION REQUESTED

<b>EXTENSION</b>	Extension length:	New end date:
<b>DEFER</b>	Deferment start date:	Deferment end date:
<b>SUSPEND</b> current enrolment	Start suspension date:	Return date:
<b>TRANSFER</b> to another course		
New course name:		
New course start date:		New course end date:
Delivery Mode:	Correspondence Online On Campus	Campus name:
<b>TRANSFER</b> to another Campus	Parramatta Campus Brisbane Campus	
<b>EXTENSION</b>	Extension length:	New end date:
<b>CANCEL/WITHDRAW</b> enrolment:	Cancel/Withdraw from date:	

## REASON FOR EXTENSION / DEFERRAL / SUSPENSION / TRANSFER / CANCELLATION / WITHDRAW

Please tick the most appropriate box that gives the reason for your action and provide the relevant supporting documentation.

Reason	Supporting/Required Evidence
Death in family	Death certificate (in English)
Family member has serious or severe illness	Medical certificate (overseas medical certificate must be translated into English)
Involved in legal or court action	Police or Court Record
Victim of a serious crime	Police Report
Returning to home country	One way airline ticket
Visa refused	Refusal letter
Change in visa sub-class	Visa approval letter
Other please specify:	

I understand that there may be additional fees associated with my enrolment variation request, as outlined in the Student Handbook, and that I will be advised of all applicable fees prior to proceeding with my request.

Student Signature:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**OFFICE USE ONLY****AXIS INSTITUTE STAFF MEMBER TO COMPLETE**

Variation discussed with student: YES NO

Comments:

Signature:

Date:

**ACCOUNTS TO COMPLETE**

Total Fees Paid: YES NO

If No  
Total Fees Owning:

Accounts Officer Signature

Date:

**OPERATIONS HEAD TO COMPLETE**

Approved

Not Approved

Comment:

Refund Approved: YES NO

New Course end date (if applicable):

Completed units entered into relevant data base: YES NO

Operations Head Name:

Signature:

Date:

**ADMINISTRATION TO COMPLETE**

Notification sent to student

CoE amended (International students only)

Class roll amended

Saved into student folder

Filed

Administration Staff Name:

Signature:

Date: